Being a FULL PARTNER in FAMILY CARE

Important information for
Family Care members or for anyone
who is trying to decide whether
to enroll in Family Care

Inside:

- What does being a “full partner” mean?
- What are personal outcomes and why do they matter?
- What choices do you have if you want to file a grievance?

FAMILY CARE
Options for Long-Term Care

Being a FULL PARTNER in FAMILY CARE

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Who should read this booklet?

This booklet is written for people who are members of a Family Care care management organization (CMO), or who are trying to decide whether to enroll in a Family Care CMO. The word "you" is used to refer to a CMO member or potential member, but this booklet is also intended for family members, guardians and health care agents who are helping a member make decisions or have legal responsibility to make decisions on the member's behalf.

CMOs are agencies that provide a wide range of health and long-term support services to members. They exist only in Family Care counties in Wisconsin. Under Family Care, each CMO receives a monthly payment from the State for each member. The CMO then pools the money and uses it to provide individually planned services for all of its members. Each CMO has a member handbook, which provides more information about CMO services and member rights. The CMO must give a copy of the member handbook to each member.

What does being a "full partner" mean?

If you are a member of a Family Care CMO, you have a right to be a full partner in deciding what you need and want from your health and long-term support services, and in planning how those services will be

provided. This does not mean that your care planning team will always agree with everything you want, but it does mean that you have a right to:

- Participate in decisions that affect your service plan.
- Choose to involve family members or other people.
- Know what different services and supports are available or could be developed, and suggest other services or supports that you think would meet your needs.
- Make reasonable choices about the services and providers you want, and get support from the CMO to help you make those choices.

What are outcomes, and why do they matter?

Family Care can provide a wide range of services, including ways of providing support that are designed for a particular person. One way a CMO's success is measured is by the real-life results people get from the services they receive. Family Care calls these results **personal outcomes**. The personal outcomes that Family Care should help people achieve are:

- People are treated fairly.
- People have privacy.
- People have personal dignity and respect.

- People choose their services.
- People choose their daily routine.
- People achieve their employment objectives.
- People are satisfied with services.
- People choose where and with whom to live.
- People participate in the life of the community.
- People remain connected to informal support networks.
- People are free from abuse and neglect.
- People have the best possible health.
- People are safe.
- People experience continuity and security.

One of the most important things a CMO must do is to help you identify personal outcomes that matter to you. These outcomes are the "product" the CMO must try to help you get. You have a right to expect that your CMO care management team will work with you to design and carry out a plan that will help you move toward the outcomes that you care about. This does not mean the CMO will always buy services to help you achieve your outcomes. The things you do for yourself, or that your family and friends do for you, will still be a very important part of any plan to help you achieve your personal outcomes.

Family Care may not be able to help you get everything you want out of life. The cost of fully

meeting an outcome may mean that you and the CMO have to come to a compromise about how close CMO services and other supports can bring you to your personal goals.

Who is involved in the planning process?

There will always be at least three people on your care management team – a social service coordinator, a nurse, and you. The job of the care management team is to work with you to:

- Identify what you need and want out of long-term support services.
- Develop a service plan that will help you get what you want and need.
- Make sure the services in the plan are actually provided.

You should have a chance to be involved in every part of the process, and you should get any extra help (like a reader or interpreter) you need in order to be involved. If you want, the care management team should work with you to involve family members, friends, an advocate, or other people important to you in the planning process.

If you have been found to be incompetent or incapacitated, a guardian or an agent under a health

care power of attorney will be involved in planning along with you, and will give the legal consent to services. Your guardian is responsible for protecting your best interests. This includes working with you and the rest of the planning team to ensure that your voice is heard and respected. The CMO should work with your guardian or health care agent on how to identify and work toward the personal outcomes you want, and on ways to help you be able to make more decisions for yourself.

How do you and your team decide what support you need and what personal outcomes you want?

The first step in planning Family Care services is for you to tell your team what kind of life you want to live, whether you want to live at home or in a different living situation, and what kind of support you need to live the kind of life you want. This step is called the *assessment.* The assessment is an ongoing process of identifying your needs for support and the real-life personal outcomes that matter to you.

Being a **full partner** in the assessment means:

- There must be a face-to-face meeting with you to discuss your needs and preferences, and you must be told the purpose of the meeting.

- If you want other people involved, your team must support and encourage those people to be involved.
- CMO staff must ask you what you want your life to be like, and what you see as your most important support needs.
- Your answers must be used in deciding what personal outcomes your service plan will try to achieve for you. (See the next section.)
- Even if you are already receiving some services, CMO staff must help you identify any needs and personal outcomes you have that are not being met.

What should be covered in the individual service plan?

The CMO must develop an individual service plan for you that will help you move toward the personal outcomes that you and your team identified in the assessment. The plan must be clear about what services and supports you will receive to achieve your personal outcomes, who is going to provide you with each service or support, and when each service or support will be provided. This includes things you are going to do yourself or with help from family or friends. The CMO must give you a copy of your plan.

How do you and your team balance your personal outcomes and service cost?

The CMO is responsible for helping you to achieve your personal outcomes, but also has to consider cost in designing services and choosing providers. Most CMOs do this through a process called the **Resource Allocation Decision** method. Using this method, your care management team helps you identify your personal outcomes, then works with you to find the most cost-effective way of helping you achieve those personal outcomes. The service plan should be both **reasonable** and **effective**. This means that you do not have to settle for a service plan that does not help you reach your outcomes, or that gets in the way of an outcome. However, a CMO may choose to provide a service in a less expensive way if the service plan is still effective in helping you meet your individual outcomes. You may have to compromise on some of your personal outcomes if reaching them fully, or right away, is so difficult or so expensive that it is not reasonable.

How does Family Care know if it is successful in helping people achieve their personal outcomes?

Talking directly with members is one way the State and the CMO can get information about how well Family Care is helping people meet their personal outcomes. Each year the State has conversations with

some CMO members about where they live, where they work, and the services and supports they receive. As a CMO member, you may be asked to have a conversation like this with a trained interviewer. It will be your decision whether or not you want to participate. The interviews take about one hour, and occur wherever the member is most comfortable, whether that is at home, at work, or even at a coffee shop or restaurant. The State and CMO will use the information gathered during these interviews to learn what services and supports are working to help CMO members achieve their personal outcomes.

How does Family Care help you be in control of your own services?

Family Care strives to respect the choices of its members. It does this in several ways:

- Having the living arrangement, daily routine and support services of your choice are Family Care **outcomes**. You have a right to help define the personal outcomes that are important to you in each of these areas, and to complain if they are not met in a reasonable way.
- If you ask, the CMO must consider using a provider it doesn't usually use, if that provider would meet your needs better.

- For hands-on care or services that involve coming into your home often, the CMO must buy services from any provider you choose, including a family member other than your spouse, if the provider is qualified and will agree to work for the CMO at a cost similar to its other providers.
- You have a right to change to a different care management team, up to twice each year, if the CMO has a different team to offer you. You do not have to give a reason. The CMO does not have to give you the particular care management team you prefer.
- You can choose to self-direct all or some of your services. (See the next section.)

What is Self-Directed Supports?

The CMO has a self-directed support (SDS) program that offers you a variety of ways to have more control over your services and supports, and gives you the help you need to do that.

SDS is available to all Family Care members. If you choose the self-directed support option, the CMO will make resources (including a budget) available to you based on what it would have spent if it managed those services. You can then use that budget amount to buy any service or support that will work to meet your

personal outcomes, even if the service or provider is not part of the CMO's benefit package.

Each CMO has its own plan for offering self-directed supports. Each CMO must:

- Have a way for you to authorize payment to providers with your available resources, and keep track of how much remains available.
- Have a way for you to choose and hire your own support workers, who could be family, friends or neighbors.
- Have a way for you to train and supervise your own support workers regarding how certain tasks are done.

You can choose to self-direct all or only part of your services. For example, you could choose to self-direct services that help you stay in your home or help you find and keep a job, and use your care management team to manage services aimed at other outcomes in your plan.

Self-directed support is not available for residential living arrangements, and may be limited for some other kinds of services, including durable medical equipment and disposable medical supplies.

If you choose to get involved in SDS, your care management team will:

- Explain the variety of choices available to you in SDS.
- Work with you to assess your needs.
- Determine the amount of resources available to you.
- Keep track of whether you are staying within your available resources and meeting your needs for health and safety.

The CMO may put limits on the self-directed support option for you if it finds that:

- You are not staying within available resources.
- You have used resources in a way that is illegal.
- You have used resources in a way that is too much of a risk to health and safety.
- Someone else is making decisions for you that are not based on what you want.

The CMO must tell you what you need to do to remove those limits, and tell you about your right to file a grievance or ask for a hearing.

What if you and the CMO can't agree on a service plan?

You and your team may not always be able to agree about whether a service will achieve your personal outcomes, or about whether a kind of support you want is worth the cost. You and your team should talk it through, probably using the Resource Allocation Decision method. If you and the team still do not agree on a plan, the CMO has to show in writing that the plan:

- Reasonably and effectively addresses the needs and personal outcomes identified in the assessment.
- Does not significantly hurt your chances of achieving an outcome, at least in the long term.
- Considers your needs and personal outcomes, as well as cost and the services the CMO has available.
- Was developed after working with you to try to think of a plan that would work for both you and the CMO. This should include offers by the CMO to find or develop other ways to meet your personal outcomes that you and the CMO might be able to agree to.

The CMO must offer to provide the services in the plan, even if you do not fully agree with it. You can accept the services and file a grievance or ask for a fair hearing. The CMO should keep talking to you about other ways to provide services that you and the CMO might be able to agree to.

How will you know about Family Care decisions?

If a CMO plans to reduce or stop a service you have been receiving, or denies a service or payment for a service you request, the CMO must send you a notice that explains that decision. You can file a grievance or ask for a state fair hearing if you disagree with the decision. (See the next section.)

If the CMO's decision involves a reduction in services that you have been getting already, and you appeal within 10 days of getting notice of the reduction, you can ask that the reduction in services be delayed until the grievance or fair hearing decision is made. However, you may have to pay for the continued services if you lose your appeal. The CMO must send you a notice about the service change that should tell you about your appeal rights and how to get continued services.

Your eligibility and cost sharing will be reviewed at least once every year. If there is a change in eligibility or cost share you will get a notice. You can also file a grievance or ask for a state fair hearing if you think the change is wrong.

What choices do you have if you want to file a grievance or appeal?

Family Care gives you several choices if you have a concern about your service plan. You can:

- File a grievance or appeal with the CMO.
- File a grievance or appeal with the Wisconsin Department of Health and Family Services (DHFS) which is the agency that contracts with the CMO for Family Care services.
- Ask for a state fair hearing.

You must file the grievance, appeal, or request for fair hearing within 45 days from the date of the action or incident being grieved or appealed. Within that timeframe, you can choose to use any of the three ways listed above to file a grievance or appeal. You can use these methods together or at different times.

If you decide to file a grievance or appeal with the CMO or DHFS and do not get what you want, you can still ask for a fair hearing. For most kinds of concerns you can also go straight to a state fair hearing. If you do ask for a fair hearing, a person who works with DHFS will talk with you and the CMO to see if you can agree on a compromise before the hearing. This may help, and does not delay the hearing unless you agree to a delay.

How does the grievance process work?

A grievance can be a way to try to get a change in your service plan when you and your care management team have not been able to agree about a service plan. It can also be a way to ask someone to look into concerns that you have about how the CMO is doing its job, even if you are not looking for a change in your services.

You must file an appeal or grievance within 45 days of the action or incident being grieved or appealed

Using the CMO's local grievance process first gives the CMO a chance to try to work out the issue directly with you. You can ask the CMO to respond to your concern in an informal way, or you can exercise your right to a formal decision by a CMO committee. You can still file a grievance or appeal with DHFS, or ask for a state fair hearing, if you don't agree with the CMO's decision.

To file a grievance or appeal with your CMO, you can either speak directly with a member of your care management team or contact the person at your CMO whose job it is to help you with grievances and appeals. See pages 21-22 for a list of contacts and phone numbers.

Whether you file with the CMO or with DHFS, they should let you know in writing within five days that they have received your grievance, and should first try to help you resolve your grievance informally. The CMO or DHFS must send you a decision within 20 days from the day they receive your grievance, unless you agree to a longer time or special circumstances require more time.

Filing a complaint, grievance or requesting a fair hearing will not negatively affect or impact the way the CMO, its providers, or the Department of Health and Family Services treat you.

How do I file a grievance or appeal with the Department of Health and Family Services?

To file a grievance or appeal with DHFS, contact the Family Care Grievance hotline either by writing, calling or e-mailing:

DHFS Family Care Grievances
c/o MetaStar
2909 Landmark Place
Madison, WI 53713
Phone: (888) 203-8338 (HOTLINE)
Fax: (608) 274-8340
E-Mail: famcare@dhfs.state.wi.us

Someone who works with DHFS to review and mediate Family Care grievances and appeals will let you know in writing within five days that your grievance or appeal has been received, and will try to help you resolve it informally.

You will be asked whether you have already used the CMO's grievance process to try to resolve your issue. Concerns can often be resolved using that process to give the CMO a chance to respond before asking the State to review the situation. Using the CMO's grievance process first is not a requirement, but it is encouraged.

How does the fair hearing process work?

A fair hearing is a hearing held by an Administrative Law Judge who works for the Wisconsin Division of Hearings and Appeals. This Division is independent of both the CMO and the Department of Health and Family Services. The CMO must obey a hearing decision, unless it appeals the decision in court.

You can ask for a fair hearing to change your service plan if the services in the plan:

- Make you live in a place where you don't want to live.
- Don't meet your needs and will not produce the outcomes that are in your plan.

- Are more restrictive than you need, or include services you do not want.
- Cut back on services you feel you still need.

Your request for a fair hearing must be in writing and should be postmarked no more than 45 days after you receive notice of the decision you are appealing. A fair hearing should be held and a decision should be reached within 90 days after your request is received.

You can have a lawyer or an advocate help you at a fair hearing, but you can also go to a hearing on your own. The Administrative Law Judge will usually let you tell your story in your own way, and may ask questions if he or she needs or wants more information.

You can appeal a fair hearing decision to court within 30 days. If you think your case might go to court, it is important that all evidence and legal arguments be presented at the hearing. A court will usually not take new evidence or listen to arguments that were not made at the original fair hearing.

How do I request a fair hearing?

You can ask your CMO to help you file a fair hearing, or you can make a request directly to the Division of Hearings and Appeals. Requests for fair hearing must

be made in writing to the following address and should include: your name, mailing address, a brief description of the problem, which county and CMO took the action or denied the service, your Social Security Number and your signature.

Family Care Request for Fair Hearing
c/o DOA Division of Hearings and Appeals
5005 University Avenue, Suite 201
P.O. Box 7875
Madison, WI 53707-7875
Phone: (608) 266-3096
(608) 264-9853 (TTY)
Fax: (608) 264-9885

Is there anyone at my CMO to help me with a grievance?

Each CMO has someone whose job it is to help members with grievances and appeals. The staff position and phone number of the person at your CMO who can help you are:

Creative Care Options of Fond du Lac County
CMO Grievances/Appeals Coordinator
(920) 906-5100 General
(920) 929-3443 TDD/TTY Daytime
(920) 929-3517 TDD/TTY After Hours
(877) 227-3335 Toll Free

La Crosse County Care Management Organization
CMO Member Relations Coordinator
(608) 785-6266 General
(608) 785-9787 TTY

Milwaukee County Department on Aging
CMO Quality Improvement Coordinator
(414) 289-5738 General
(414) 289-8591 TDD
(866) 229-9695 Toll Free

Community Care of Portage County
CMO Quality Assurance/Member Relations Manager
(715) 345-5968 General
(715) 344-2140 TTY
(877) 622-6700 Toll Free

Richland County Care Management Organization
CMO Member Relations Coordinator
(608) 647-8821 ext. 273
(800) 283-9787 TTY (WI Relay System)

What are some places outside of the CMO where I can get help?

An advocate is someone who helps you make sure your needs and outcomes are being addressed by the CMO. You can ask anyone you want to act as an advocate for you, including family members or friends.

Some other places you may get help in making sure your needs and outcomes are being addressed are:

1. **Family Care Resource Centers**
   The resource center in your county can provide you with information about what options for services there are in your county, and answer questions about how to get services to meet your needs. If you are thinking of disenrolling from the CMO and getting long-term care services from somewhere else, you should talk to the resource center staff to be sure you have all the information you need about services available in your county.

2. **Disability Benefit Specialists**
   A Disability Benefit Specialist is on staff at each of the resource centers (except at Milwaukee, which serves elderly people only) and works with individuals ages 18-59 with physical and/or developmental disabilities. A Disability Benefit Specialist provides assistance on application and eligibility issues for a broad range of public and private benefits and programs. A Disability Benefit Specialist is also available to provide information on the CMO internal grievance procedure and/or state-level grievance options. In some situations, a Disability Benefit Specialist may also be able to provide direct services for Family Care-related issues.

The numbers for the resource center and Disability Benefit Specialist in each Family Care county are:

Fond du Lac County Aging and Disability Resource Center
(920) 929-3466 General
(920) 929-3443 TDD/TTY
(888) 435-7335 Toll Free

The Resource Center of La Crosse County
(608) 785-5700 General
(608) 785-9787 TTY
(800) 500-3910 Toll Free

Milwaukee County Aging Resource Center
(no Disability Benefit Specialist)
(414) 289-6874 General
(414) 289-8591 TDD
(866) 229-9695 Toll Free

Portage County Aging and Disability Resource Center
(715) 346-1405 General
(715) 346-1632 TTY
(800) 586-5055 Toll Free

Richland County Aging and Disability Resource Center
(608) 647-4616 General
(877) 641-4616 Toll Free

3. Elderly Benefit Specialists

Elderly Benefit Specialists can help CMO members, age 60 and over, by providing information on the CMO internal grievance procedure and/or state-level grievance options. In some situations, an Elderly Benefit Specialist may also be able to provide direct services for Family Care-related issues.

The phone numbers for the Elderly Benefit Specialist in counties where the Family Care benefit is offered are:

Fond du Lac County
(920) 929-3113

La Crosse County
(608) 785-9710

Milwaukee County
Legal Action of Wisconsin Senior Law
(414) 278-1222 or (414) 278-7722

Portage County
(715) 346-1405 or (800) 586-5055

Richland County
(608) 647-6226 or (608) 647-8961

4. Independent Living Centers

Independent Living Centers (ILCs) are consumer-directed, non-profit organizations that provide an array of services, including peer support, information and referral, independent living skills training, advocacy, community education, personal care and service coordination. The phone numbers for ILCs in counties where Family Care is offered are:

Fond du Lac County
Options for Independent Living
(920) 490-0500 Voice
(920) 490-0600 TTY

La Crosse County
Independent Living Resources, Inc.
(608) 787-1111 Voice
(608) 787-1148 TTY
(888) 474-5745 Toll Free

Milwaukee County
Independence First
(414) 291-7520 Voice/TTY

Portage County
MidState Independent Living Consultants
(715) 344-4210 Voice/TTY
(800) 382-8484 Toll Free

Richland County
Independent Living Resources, Inc.
(608) 647-8053 Voice/TTY
(877) 471-2095 Toll Free

5. Wisconsin Coalition for Advocacy

The Wisconsin Coalition for Advocacy (WCA) may be able to help Family Care consumers experiencing issues addressed by current WCA programs, including:

- People who are in nursing homes or other institutions and want to live in the community;
- People experiencing abuse or neglect; and
- People who live in the community but are at risk of going into an institution because they cannot get the services and supports they need to remain in the community.

You may contact WCA at:

In Madison:

Wisconsin Coalition for Advocacy
16 North Carroll Street, Suite 400
Madison, Wisconsin 53703
(608) 267-0214 Voice/TTY
(800) 928-8778 Voice/TTY Toll Free

In Milwaukee:

Wisconsin Coalition for Advocacy
2040 W. Wisconsin Ave., Suite 678
Milwaukee, Wisconsin 53233
(414) 342-8700 Voice/TTY
(800) 708-3034 Voice/TTY Toll Free

6. Wisconsin Board on Aging and Long Term Care

Ombudsmen from this agency provide advocacy to people over 60 who live in nursing homes, facilities for persons with developmental disabilities, community-based residential facilities and adult family homes. The Board on Aging and Long Term Care may be contacted at:

Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, Wisconsin 53704
(800) 815-0015 Toll Free

7. Legal Aid Society of Milwaukee, Inc.

The Legal Aid Society provides free legal representation, information and/or referrals to Family Care CMO applicants and members in Milwaukee County. To qualify, you must be a Milwaukee County resident, age 50 or older, and meet income and asset guidelines. In addition to Family Care issues, the Legal Aid Society also provides legal representation regarding Social Security, SSI, Medicare, Medicaid, consumer law, housing and family law matters. The Legal Aid Society may be contacted at:

Legal Aid Society of Milwaukee
229 W. Wisconsin Avenue, Suite 200
Milwaukee, WI 53202
(414) 727-5300

8. Elder Abuse/Adult Protective Services Programs

Each county has both an elder abuse reporting system and an Adult Protective Services (APS) program to help adults who have experienced, are currently experiencing, or are at risk of experiencing abuse or neglect. Following are the phone numbers for the elder abuse agencies and APS programs in counties where Family Care is offered. When calling be sure to say whether you would like to speak with an elder abuse investigator or an APS worker.

People with physical or developmental disabilities, ages 18-59, should ask to speak with an APS worker. People age 60 or older should ask to speak with an elder abuse investigator.

Fond du Lac County
Department of Social Services
(920) 929-3400 or (920) 929-3466
(920) 929-3391 After Hours
(888) 435-7335 Toll Free

La Crosse County
Human Services Department
(608) 785-5700 General/After Hours

Milwaukee County
Department on Aging
(414) 289-6874 General/After Hours

Portage County
Health and Human Services
(715) 345-5350 General
(715) 343-7125 After Hours

Richland County
Health and Human Services
(608) 647-8821 General
(608) 647-2106 After Hours

The idea for this booklet, as well as most of the wording contained in it, was the product of the Wisconsin Coalition for Advocacy, working under the Family Care Independent Advocacy grant administered by the Board on Aging and Long Term Care.

Family Care care management organizations (CMOs) are currently available in five Wisconsin counties. As a comprehensive and flexible long-term care service system, Family Care strives to foster consumers' independence and quality of life, while recognizing the need for interdependence and support.

Goals of the Family Care initiative:

CHOICE – Give people better choices about the services and supports available to meet their needs.

ACCESS – Improve access to services.

QUALITY – Improve quality through a focus on health and social outcomes.

COST-EFFECTIVE – Create a cost-effective long-term care system for the future.

Wisconsin Department of Health and Family Services
Division of Disability and Elder Services
P.O. Box 7851
Madison, Wisconsin 53707-7851

dhfs.wisconsin.gov/LTCare

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